

# MENTAL HEALTH PRIMARY CARE

## Request for Change of Provider Form

**Please fill out all the following fields to request a different therapist or psychiatrist**

Veteran's Name: \_\_\_\_\_ Last Four: \_\_\_\_\_

Date: \_\_\_\_\_ My current provider is: \_\_\_\_\_

I wish to be assigned to a new provider for the following reason:

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**I have discussed** this request with my current provider (optional): YES

### Submitting your form

To better suit your mental health care needs, please select one of the following options to submit your form.

#### To drop of your request in person

Travel to our Raymond G Murphy Medical Center, Building 1, 1st floor and speak to the mental health receptionist desk to drop off your form.

If you live outside the metro area, drop off your form to your local VA Clinic.

#### To send online

Save this form to your device. Login to your [myhealth.va.gov](https://myhealth.va.gov) account. Under the menu tab, click on Secure Messaging and then click Compose Message.

Make sure to select the drop down menu topic: **ABQ PRIMARY CARE MENTAL HEALTH %**

#### To mail your form

Print off your form and mail to:

**VA New Mexico Health Care System**  
**Attn: Mental Health Primary Care**  
1501 San Pedro Drive Southeast  
Albuquerque, NM 87108-5153